

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233
(804) 367-0186



**Boxing & Wrestling
WRESTLING LICENSE APPLICATION
Fee \$40.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or
a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.**

1. Name _____
First Middle Last Generation
(SR, JR, III, etc.)
2. Social Security Number * - -
3. Date of Birth _____
4. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers () - () - () -
Telephone Facsimile Beeper/Cellular
7. Do you have an expired Virginia **wrestling** license?
No ☐
Yes ☐ Virginia License Number 4101 Expiration Date _____
4121 Expiration Date _____
8. Do you have a current or expired **wrestling** license, certificate or registration from another jurisdiction?
No ☐
Yes ☐ If yes, list all the licenses, certificates and registrations in the following table.

State/Jurisdiction	License, Certificate, Registration No.	Expiration Date

9. Has any (including Virginia) local, state or national regulatory body ever taken a disciplinary action against you in connection with your participation in, or promotion of, a professional athletic contest or activity?
No ☐
Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER 4101	ISSUE DATE
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10. Have you been convicted or found guilty regardless of adjudication or deferred adjudication, of any felony, misdemeanor or any law or regulation governing wrestling which is substantially the same as that found in Chapter 8.1 (§ 54.1-828 et seq.) of the *Code of Virginia*? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

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11. Have you ever been convicted or found guilty of any charge of material misrepresentation while engaged in boxing, wrestling or other athletic activities?

No ☐

Yes ☐ If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

12. Have you ever had a wrestling license denied or suspended for reasons of medical safety when it was determined by competent medical examination that participation in a wrestling event might have posed a risk to your health?

No ☐

Yes ☐ If yes, please attach any documentation (medical reports, etc.) explaining this situation.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to approve my application. I certify that I will notify the Department and its agent if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my approval. I also certify that I understand, and have complied with, all the laws of Virginia related to boxing and wrestling under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing and Wrestling Regulations*.

Signature _____

Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

I understand as a professional wrestler I should be aware that the activity of professional wrestling includes many health and safety risks. I will take the necessary medical exams to assure I am physically able to safely compete. I certify I have received the necessary training and/or have the necessary experience to safely participate in the activity of professional wrestling.

Signature _____

Date _____